

PART B - FEE(S) TRANSMITTAL

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57622 7590 01/30/2009

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FILED VIA EFS

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/583,537	06/15/2006	Jonathan Lightner	8176-72631-06	6513

TITLE OF INVENTION: GENERATION OF PLANTS WITH ALTERED OIL CONTENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCEWLAIN, ELIZABETH F	1638	800-298000
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.		
4. (A) NAME OF ASSIGNEE Agrinomics, LLC (B) RESIDENCE: (CITY and STATE OR COUNTRY) Portland, Oregon		

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 4

4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

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 The Director is hereby authorized to charge [REDACTED] any deficiency, or credit any overpayment, to Deposit Account Number 02-4550

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Michael D. Hammer/

Date March 19, 2009

Typed or printed name Michael D. Hammer, Ph.D.

Registration No. 59,258

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